DEC 0 1 2008

Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6). AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

igust 31, 1998 ige burden
nse 16.00

SEC USE ONLY						
Prefix	Serial					
DATE REC	EIVED					

Name of Offering (check i	if this is an amendment and name ha	s changed, and in	dicare change.)	18/2 2000
Convertible Not	te Due November 4, 2007			1310330 101
Filing Under (Check box(es) tha	it apply): 🔲 Rule 504 🔲 Rule 5	05 🕱 Rule 506	☐ Section △	C. D. W.O.
Type of Filing: Q New Filing	Amendment			SET INK INNI INDIA INDIA NAMED IN THE PARTY OF THE PARTY
	A. BASIC IDENTIF	ICATION DATA		
1. Enter the information request				
Name of Issuer (check if the	his is an amendment and name has c	nanged, and indic	ate change.)	04053811
FastShip. Inc.		· · · · · · · · · · · · · · · · · · ·		
Address of Executive Offices 1700 Market Street,	(Number and Street, City, Suite*2720 Philadelphia,	•	Telephone Nu (215) 574-	mber (Including Area Code)
Address of Principal Business C	Operations (Number and Street, City, Rices)	State, Zip Code)	Telephone Nu	imber (Including Area Code)
Brief Description of Business	BEST AVAIL	ABLE COP	Y maga-	
			PROC	essen
 Commercial cargo vess 	el design and operation.	•	.0~-	30050
•			/UEC 03	2006
Type of Business Organization			THOUGH.	- Coo g,
corporation	limited partnership, already f		O otherwise	Appecify):
☐ business trust	☐ limited partnership, to be for	med		
Jurisdiction of Incorporation of	r Organization: (Enter two-letter U.S CN for Canada; FN	. Postal Service a for other foreign	bbreviation for jurisdiction)	State: IE
GENERAL INSTRUCTIONS				·
et seq. or 15 U.S.C. 77d(6).	ing an offering of securities in reliance			. *
	oe filed no later than 15 days after the age Commission (SEC) on the earlier he date on which it is due, on the date it			
Where to File: U.S. Securities	and Exchange Commission, 450 Fifth	Street, N.W., Y	Vashington, D.C	20549.
Copies Required: Five (5) copie	s of this notice must be filed with the s	SEC, one of which ped or printed sig	i must be manua matures.	lly signed. Any copies not manually
Information Required: A new fing, any changes thereto, the in	iling must contain all information requirements on requested in Part C, and an endix need not be filed with the SEC	ested. Âmendmer ny material change		ort the name of the issuer and offer mation previously supplied in Part
Filing Fee: There is no federal	filing fee.			
in each state where sales are to thon, a fee in the proper amou	dicate reliance on the Uniform Limit tat have adopted this form. Issuers relying be, or have been made. If a state requirit shall accompany this form. This is ice constitutes a part of this notice as	ires the payment of the file	of a fee as a preceding the approp	the claim for the exemp
Failure to file notice in failure to file the approp		NTION ————————————————————————————————————	as al the lad	eral exemption. Conversely, state exemption unless such
	·			

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMN control number.

SEC 1972 (2-97) 1 of 8

Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer: Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check Box(es) that Apply: | Promoter ☐ Beneficial Owner Executive Officer Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Pederson, Einar (Number and Street, City, State, Zip Code) Business or Residence Address 1700 Market Street, Suite 2720 Philadelphia, PA 19103 ☐ Beneficial Owner Check Box(es) that Apply: ☐ Promoter & Executive Officer □ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Bullard II, Roland K. Business or Residence Address (Number and Street, City, State, Zip Code) Philadelphia, PA 19103 1700 Market Street, Suite 2720 Check Box(es) that Apply: D Promoter ☐ Beneficial Owner Executive Officer Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Chambers, Kathryn Riepe Business or Residence Address (Number and Street, City, State, Zip Code) Philadelphia, PA 19103 1700 Market Street, Suite 2720 Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☑ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Giles, David L. Business or Residence Address (Number and Street, City, State, Zip Codé) 1700 Market Street, Suite 2720 Philadelphia, PA 19103 □ General and/or ☐ Beneficial Owner D Executive Officer Director Check Box(es) that Apply: Promoter Managing Partner Full Name (Last name first, if individual) Colgan, Dennis Business or Residence Address (Number and Street, City, State, Zip Code) 1700 Market Street, Suite 2720 Philadelphia, PA 19103 ☐ General and/or Check Box(es) that Apply: | Promoter ☑ Beneficial Owner ☐ Executive Officer □ Director Managing Partner. Full Name (Last name first, if individual) Riverfront Development Corporation Business or Residence Address (Number and Street, City, State, Zip Code) 701 North Broadway, Glouchester City, NJ 08030 ☐ General and/or Check Box(es) that Apply: Promoter ☐ Executive Officer ☐ Director Beneficial Owner Managing Partner Full Name (Last name first, if individual) Dunn, David E. Business or Residence Address (Number and Street, City, State, Zip Code) Paiton Boggs LLP, 2550 M Street, NW, Washington, DC 20037 (Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

A. BASIC IDENTIFICATION DATA

2. Enter the information requested for the following:

1. Has t	he issuer s	old, or do	es the issu	er intend	to sell, to	non-accre	lited inves	ors in this	offering?	•••••	•••••	. I	No
•				wer also i			•	_			•	_	垃
2. What	is the min	imum inv	restment th	at will be	accepted (rom any i	ndividual?	•••••	••••••	••••••	••••••	· \$10.	000
3. Does	the offerin	ng permit	joint own	rship of 2	single uni	£?						Yes	No
4. Enter sion of to be list the	the inform or similar re listed is an ac name of	nation requestion associated the broke	uested for e on for solic od person o or or dealer orth the inf	each person itation of p r agent of r. If more	n who has l purchasers a broker o than five (been or will in connect or dealer re 5) persons	l be paid or ion with sa gistered w to be liste	r given, dir les of secur ith the SE d are assoc	ectly or inc rities in the C and/or y	directly; and offering, I	y commis	;- n	0
Full Name	(Last nam	e first, if	individual;)									
N/A													
Eusiness o	Residence	e Address	(Number	and Street	City, Sta	te, Zip Co	de)	· · · · · · · · · · · · · · · · · · ·					
	•		*							•	•		
Name of A	ssociated	Broker or	Dealer					 					
States in V	Vhich Pers	on Listed	Has Solici	ted or Inte	nds to So	licit Purch	25675	,					
			k individu									□ All S	intes
[AL]	[AK]	[AZ]	-[AR]	[CA]	[CO]	(CT)	(DE)	[DC]	[FL]	[GA]	[HI]	[ID]	
[IL]	[IN]	(IA)	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]	
[MT]	[NE]	[NV]	[NH]	[[[[]	[MM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]	
[RI]	[SC]	{ SD }	(TN)	[TX]	(UT)	[YT]	[AV]	[WA]	[WY]	[MI].	[WY]	[PR]	· ——
Full Name	: (Last nan	ne first, if	individual	1)									
N/A													
Business o	r Residenc	e Addres	s (Number	and Street	., City, Sta	ate, Zip Co	ode)	•					
				· _				•					
Name of	Associated	Broker o	r Dealer										
States in	Which Per	son Listed	i Has Solic	ited or In	tends to So	olicit Purc	hasers						
(Check	"All State	s" or che	ck individu	ual States)								D All S	States
[AL]		[AZ]	(AR]	[CA]	(coj	(CT)	(DE)	[DC]	[FL]	[GA]	[HI]	(ID	-
			[KS]					[MA]		[MN]	[MS]	OM)	-
[MT] [RI]	[NE]	[VV] [SD]	[NH] [N T]	[UN] [XT]	[MM] [UT]	[YY]	[NC] [YA]	[ND] [WA]	[OH] [WV]	[OK]	[OR] [WY]	[PA [PR	
			if individua				(
N/A	(2-2)			,									
	or Residen	ce Addre	ss (Number	and Stree	t, City, St	ate, Zip C	ode)						
												•	
Name of	Associated	i Broker (nr Dealer										
States in	Which Per	rson Liste	d Has Soli	cited or In	tends to S	olicit Purc	hasers						
(Check	"All State	es" or ch	eck individ	ual States)								□ All	
[AL]	[AK]	[AZ]	[ÅR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	(HI)		
[IL]	[IN]	[IA]		[KY]	[LA]	[ME]		[MA]	[MI]	[MN]	[MS] [OR]	-	_
[MT] [RI]	[NE]	(NY) (SD)		-	[MM] [TU]	[YY] [TV]		[MN] [AW]	(OH) [WY]	(OK) (WI).		: _ _	

1.	already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, theck this box \square and indicate in the columns below the amounts of the securities offered for exchange		
	and aiready exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	\$	
	Equity	\$ <u>·</u>	S
	□ Common □ Preferred	:	•
	Convertible Securities (including warrants)	\$ 25,000	\$ 25,000
	Partnership Interests	\$	\$
	Other (Specify)		
	Total		
	Answer also in Appendix, Column 3, if siling under ULOE.		4
_		•	
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
	purchases on the total times. Effect of it answer is none of 2210.	Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	•	
	Non-accredited Investors		s
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.		
	Type of offering	Type of Security	Dollar Amount Sold
	Rule 505		s
	Regulation A	· ·	\$
	Rule 504		\$
	Total		s
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees	0	s
	Printing and Engraving Costs		\$
	Legal Fees		s_1,000
	Accounting Fees		S
	Engineering Fees		S
	Sales Commissions (specify finders' fees separately).		
	Other Expenses (identify)		
	Total		\$1,000
	4 U(41	U	Townson Williams

	Part C - Question 4.a.		וב	24,000
"adjusted gross proceeds to the issuer." Indicate below the amount of the adjusted gross a used for each of the purposes shown. If the amount of the purposes shown.	proceeds to the issuer use ant for any purpose is no	ed or proposed to l of known, furnish a	171	\$.24,000
estimate and check the box to the left of the estima the adjusted gross proceeds to the issuer set forth	te. The total of the paym	ents listed must equ	al	•
the solution gross processus to the issuer set forth	in response to Part C -	Question 4.5 abov	e. Payments t	^
		•	Officers,	
	•		Directors, d	
Salaries and fees			s	8 1 ς
Purchase of real estate	*******		\$	_ 🗆 \$
Purchase, rental or leasing and installation of		/ •		
Construction or lessing of plant buildings and				
Acquisition of other businesses (including the offering that may be used in exchange for the issuer pursuant to a merger)	assets or securities of a	nother	s	O S
Repayment of indebtedness		<u>D</u>	S	D S
Working capital			S	5 2 4.000
Other (specify):	·	D	\$	C S
•			2	П 5
Column Totals				
Total Payments Listed (column totals added)		•		· ·
Total Payments Listed (column totals added)		•••••	121 3.	24000
		•		
	D. FEDERAL SIGNAT	URE		
he issuer has duly caused this notice to be signed by allowing signature constitutes an undertaking by the uest of its staff, the information furnished by the issuer (Print or Type)	y the undersigned duly as issuer to furnish to the l	uthorized person. I	Exchange Com	mission, upon written re- h (b)(2) of Rule 502.
he issuer has duly caused this notice to be signed by illowing signature constitutes an undertaking by the uest of its staff, the information furnished by the issuer (Print or Type)	y the undersigned duly as issuer to furnish to the U ssuer to any non-accredi	uthorized person. I J.S. Securities and ted investor pursua	Exchange Com	mission, upon written re- h (b)(2) of Rule 502.
he issuer has duly caused this notice to be signed by blowing signature constitutes an undertaking by the uest of its staff, the information furnished by the issuer (Print or Type) FastShip, Inc.	y the undersigned duly as issuer to furnish to the Ussuer to any non-accreding Signature	uthorized person. I. J.S. Securities and ted investor pursua	Exchange Com	mission, upon written re- h (b)(2) of Rule 502.
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1. Is any party described of such rule?	in 17 CFR 2	30.252(c), (d), ((e) or (i) presen	itly subject to an	y of the d	isqualification	provisions	Yes O	No
•				*			•		

See Appendix, Column 5, for state response.

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature	Date
FastShip, Inc.	Kolyn Kupe abus	11/30/04
Name (Print or Type)	Title (Print or Type)	
Kathryn Riepe Chambers	Executive Vice President	

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice of Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printe signatures.

	Intend to sell to non-accredited investors in State (Part B-Item 1)		Type of security and aggregate offering price offered in state (Part C-Item1)		Disquali under Sta (if yes, explana waiver i	fication to ULOE attach tion of granted) Litem1)			
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	
AL		·					TILLOUGH (16	No
AK									
AZ				·					
AR									
CA									
СО							·		
СТ				·					
DE									
DC									
FL									·
GA			·						,
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МО			<u> </u>	<u> </u>			<u> </u>		

	Intend to non-a	to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item1)		amount pur	investor and chased in State C-Item 2)		Disqual under Su (if yes, explan waiver	sification ate ULOE, attach ation of granted)
State	Yes	No		Number of Accredited Investors	Amount	Non-Accredited Investors	Amount	Yes	No
МТ									140
NE			•						
NV									
ИН									
נא								· ·	
NM			<u> </u>						
NY		,							
NC		•					•		
ND									
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OK									·
OR									
PA		х	Convertible No \$25.000	te 1	\$25,000	0	0 .		_x
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WY	ļ								
PR	ļ			ļ					

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